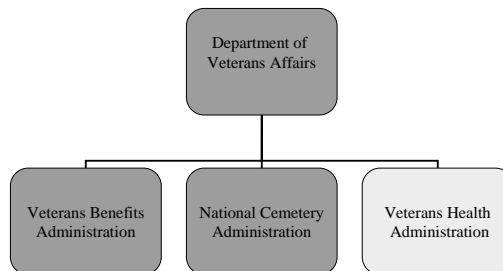


Supporting American Indian and Alaska Native Veterans

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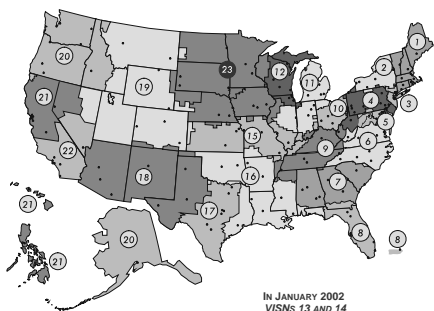
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Department of Veterans Affairs



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Veterans Health Administration 21 Veterans Integrated Service Networks



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VHA Census of Assets (FY05)

- 157 Hospitals
- 134 Nursing Home Care Units
- 42 Domiciliary Residential Rehabilitation
- 887 Outpatient sites of Care
 - 721 Community based outpatient clinics
- 206 Vet Centers

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Statistics of VHA Care (FY04)

- \$27.947 Billion medical care
(\$5,589 / patient or \$3,776 / enrollee)
- Total FTE 192,600
- Rx dispensed 219,400,00
- Outpatient visits 54,000,000
- Average operating inpatient beds 18,435
- Avg daily census nursing home 33,984

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Veteran Patients

- Older
 - 59% over age 65
- Sicker
 - Compared to Age-Matched Americans
 - 3 Additional Non-Mental Health Diagnosis
 - 1 Additional Mental Health Diagnosis
- Poorer
 - 70% with annual incomes < \$26,000
 - 40% with annual incomes < \$16,000
- Mostly Male
 - 4.5% of patients are women (no children except neonates)
 - 22.5% of patients < 50 yrs old are women

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Characteristics of AI/AN Veterans (VA Veteran Population Survey)

- 195,871 AI/AN veterans (2000 Census)
- Large proportion Vietnam/post Vietnam era
- 35.5% (vs 24%) rate health status as fair to poor
- 35% (vs 25%) one or more functional limitations
- Greater use of psychiatric / counseling (11.9% AI use vs. 6.7% other veterans)
- 9.7% use VA exclusively, 19.8 % use VA & other, 70% do not use VA
- At least 32,000 AI/AN vets are VA patients

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1999 Large Survey of Veteran Patients in VHA

Health Indicator	AI/AN Veterans	All Veterans	White	African American	US Population
Obese	47.8%	43.0%	42.3%	45.4%	32.3%
Less Than 5 Servings of Fruits and Vegetables / Day	83.5%	82.1%	82.9%	79.8%	75.1%
No Physical Activity	15.3%	14.3%	14.7%	12.6%	ND
Current Smoker	34.4%	32.6%	34.0%	31.4%	22.7%
Heavy or Very Heavy Drinker	7.2%	6.2%	6.4%	6.2%	4.6 %

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Returned OEF/OIF AI/AN Veterans March 2005

- Total 3,668
- 1.02% of all returned
- 84% men, 16% women
- Branch
 - 36% Army
 - 32% Navy
 - 25% Air Force
 - 7% Marine
- Top states of residence
 - Oklahoma 11%
 - California 10%
 - Arizona 7%
 - Texas 6%
 - Washington, Virginia, New Mexico 5% each

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VHA and IHS Sharing Agreement

Objectives

- ❖ Improve Communication Among Agencies and Tribes
- ❖ Promote Sharing and Collaboration
- ❖ Expand Access for Indian Veterans
- ❖ Ensure Appropriate Organizational Support and Health Services for Indian Veterans
- ❖ Deliver Effective Health Promotion and Disease Prevention Services

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Implementation

Management: Steering Committee and Headquarters Advisory Group

National Coordination (education sharing, IT, health promotion /disease prevention, etc.)

Local implementation by VISNs and Areas

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Local Activities: FY2005

Communication: >120 contacts with IHS, Tribes or AI/AN veteran groups.

Sharing and Collaboration: > 25 agreements, including the sharing of space, IT, education, joint purchasing and contracting.

Access: 20 Programs

Organizational Support: >70 events such as health fairs, pow wow and homeless stand downs.

Health Promotion / Disease Prevention: 3 programs in development for FY2006

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National Support - Highlights

- ❖ Sharing and Collaboration
 - ❖ Education Sharing (Scott McCoy)
- ❖ Organizational support
 - ❖ Implementation guide
 - ❖ Quarterly monitor reporting
 - ❖ Dual eligibility policy
- ❖ Communication
 - ❖ Web site with IHS – www.vha.ihs.gov
 - ❖ POC in each Area and VISN

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National Support - Highlights

- ❖ Health Promotion/Disease Prevention
 - ❖ Diabetes (3 joint programs, Q4 2005)
 - ❖ Behavioral Health Early Tribal Community Outreach to Returning OIF / OEF Indian Veterans

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Potential Topics for Future Work

- ❖ Input from Veterans Town Hall and discussion with Tribal Leaders of Direct Service Tribes
 - ❖ More communication (directly with veterans and Tribes)
 - ❖ Greater coordination of care between IHS and VHA
 - ❖ Home health care / care for elderly
 - ❖ Help train Tribal providers – existing and new
 - ❖ Mental Health – under recognized, under treated, serious problem
 - ❖ Homeless outreach, services, care facilities
 - ❖ Transportation – DAV vans and volunteers

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